

HICAP INSTRUCTIONS FOR REPORTING MEDICARE PART D HEALTH AND SAFETY OR LIFE THREATENING COMPLAINTS

These instructions are developed specifically for California Health Insurance Counseling and Advocacy Program (HICAP) Program Managers and Counselors. They incorporate the federal Centers for Medicare and Medicaid Services (CMS) Part D complaint guidelines and the California Department of Aging (CDA) HICAP protocols. Counselors must follow each step carefully and document communications along the way. Following these steps and protocols exactly will ensure the CDA HICAP Team is alerted to beneficiaries with health and safety concerns. The CDA HICAP Team will then be able to advocate on their behalf with CMS at the appropriate step. Deviating from these steps and protocols will only slow down and complicate your case, resulting in more delays for your client.

Definition of an urgent health and safety issue as it pertains to Part D complaints.

A Part D urgent complaint related to a health and safety issue is a complaint filed with the 1-800 MEDICARE Customer Service Representative (CSR) by a HICAP Counselor or Program Manager who, in good faith, believes a beneficiary's life or health is in serious jeopardy due to an inability to timely secure critical prescription drugs through Medicare Part D benefits. Note that Part D complaints are not to be construed as a substitute for exceptions, grievances, or appeals. **Please follow these steps when reporting an urgent health and safety complaint:**

Step 1:

- 1.1 Contact the specific Medicare Part D Plan CSR directly. Part D Plan telephone numbers are located at the CMS link to Plan contacts:
http://www.cms.hhs.gov/MedPrescriptDrugApplGriev/06_Redetermination%20by%20the%20Part%20D%20Plan%20Sponsor.asp (The California Plans are also posted on the www.aging.ca.gov web site.) *Inform the CSR that this beneficiary has (use this exact terminology) “. . . **an immediate need that is life threatening.***” Be sure to tell the Plan CSR that you are the primary contact for the beneficiary (if beneficiary so authorizes). This will ensure that you receive a notification of disposition of the case. Otherwise you will need to remain in communication with the beneficiary to know what actions were taken. Allow the Part D Plan 48 hours to take action and resolve the complaint. **IMPORTANT: If it is determined that this is too long for the safety of the beneficiary, you must recommend the beneficiary, or their representative, take immediate measures to get the beneficiary to the nearest hospital emergency room.** This is true at any time during the six day process provided herein.¹
- 1.2 If there is no resolution within the 48 hours following the call to the Plan, call the Plan once more to check on the progress made to date.
 - For the following two Plans, contact these numbers:

¹ Weekends or holidays may add time to the process.

- HICAP/SHIP Direct line; Well Care: **(866) 675-8574**
- HICAP/SHIP Direct line: Humana: **(866) 666-2902**
 - For Humana, if after 24 hours you do not receive a response, call Tammi Goldberg, Compliance Director: (408) 515-6491.

1.3 If the beneficiary is not enrolled in a Plan then proceed directly to Step 2.

Step 2: If the Plan did not resolve the complaint or take action within the proscribed time frame (or they are not enrolled in a Plan):

2.1 Call 1-800-MEDICARE

*Inform the Medicare CSR that this beneficiary has “. . . **an immediate need that is life threatening.**”* Ask the CSR to specifically enter the complaint into the CMS **Complaint Tracking Module**. Be sure to tell the Medicare CSR that you are the primary contact for the beneficiary (if beneficiary so authorizes). Provide your unique Medicare CSR number if necessary. Document the information, day, time, and CSR name or ID for future reference. Documentation is very important for future advocacy efforts.

2.2 Every time a health and safety complaint is called into 1-800- MEDICARE, a **Notification of Urgent Action (CDA # 1017)** must be simultaneously faxed to CDA at: **916-928-2506**. Let your CDA HICAP Team representative know by phone that you have faxed a Notification of Urgent Action (do not use e-mail). Remember to document all required client information as shown on the CDA Notification of Urgent Action form. Other sensitive information will be exchanged by phone for security reasons.

Step 3: If the urgent complaint remains unresolved **48 hours** after contacting 1-800-MEDICARE (**only Program Managers should be taking this step**):

Contact CMS Region IX as follows:

- a. PartDComplaints_RO9@cms.hhs.gov

Note: there is an underscore between complaints_RO9.
CMS checks this e-mail daily.

- b. **by telephone at: (415) 744-3605**
c. **and/or by fax at: (415) 744-3771**

Step 4: If the urgent complaint remains unresolved **48 hours** after notifying CMS Region IX, please notify the HICAP Team by informing your assigned analyst by phone that no action has yet occurred. He/She will follow up directly with Region IX.

Please be certain to also notify the CDA HICAP Team when a health and welfare complaint is resolved, so that the HICAP Team is aware that efforts on behalf of a specific beneficiary are no longer required. Your assigned HICAP Specialists are as follows:

Steve Miars: (916) 928-2290 – smiars@aging.cda.gov
PSA Assignments: 1,2,3,7,23,24,30,32

Ross Kaplan: (916) 928-3332 – rkaplan@aging.cda.gov
PSA Assignments: 4,11,29,9,12,18,19,25

Pam Power: (916) 419 -7560 – ppower@aging.ca.gov
PSA Assignments: 5,26,27,28,13,14,15,17,22,33

Carol Berul (916) 419-7590 – cberul@aging.ca.gov
PSA Assignments: 6,8,10,16,21,20,31

If you cannot connect with your assigned Analyst, call **916-419-7540** to alert the HICAP Team.

Attachment: Notification of Urgent Action Fax – CDA 1017